

USEPA
290 BROADWAY
NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION
PAL JOB # 16-1236

Operator Project #	Postmark	Date Received	Notification #
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): O – Original			
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):			
OWNER NAME: Steinberg, Pokoik Management Corp.			
Address: 575 Madison Avenue			
City: New York	State: NY	Zip: 10022	
Contact Name: Bart Russo	Telephone: 212-752-7474		
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services			
Address: 11-02 Queens Plaza South			
City: Long Island City	State: NY	Zip: 11101	
Contact Name: Aric Domozick	Telephone: 718-349-0900		
OTHER CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact Name:	Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): R			
IS ASBESTOS PRESENT? (YES NO) YES			
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)			
Building Name:			
Address: 55 West 39th Street			
City: New York	State: NY	Zip: 10018	
Site Location: 9th Floor North Side			
Building Size: 114,421 SF	# of Floors: 16	Age in Years: 90	
Present Use: Commercial	Prior Use: Commercial		
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy			
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed	
		CAT I	CAT II
		UNIT	
		Linear Feet:	Ln M:
Surface Area: Floor Tile	4,000	Square Feet: X	Square Meter:
Volume RACM off Facility Component		CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)	Start: 04/28/2016	Complete: 04/01/2017	
Scheduled Dates Demo/Renovation (mm/dd./yy)	Start:	Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: Tri State Transfer Associates

Address: 1199 Randall Avenue

City: Long Island City

State: NY

Zip: 10474

Contact Name: Jimmy Byrne

Telephone: 718-617-0771

WASTE TRANSPORTER #2

Name: ATC

Address: 2 Moriches Middle Island Road

City: Shirley

State: NY

Zip:

Contact Name: Kenny Smith

Telephone: 631-924-5050

WASTE TRANSPORTER #3

Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services

Location: 11-02 Queens Plaza South

City: Long Island City

City: Long Island City

City: Long Island City

Telephone: 718-349-0900

Disposal Facility

Name: Minerva Enterprises

Location: 9000 Minerva Road, SE

Location: 9000 Minerva Road, SE

City: Waynesburg

State: OH

Zip: 44688

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (mm/dd./yy)

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)

04/14/2016

Signature of Owner/Operator

Date

I certify that the above information is correct

04/14/2016

Signature of Owner/Operator

Date